

About You and Your Vehicle  
(complete both sides)

Date \_\_\_\_\_ Time \_\_\_\_\_

a.m./p.m.

Your name \_\_\_\_\_

Phone \_\_\_\_\_

Location of accident \_\_\_\_\_

Condition of street \_\_\_\_\_

Visibility \_\_\_\_\_

Who was driving \_\_\_\_\_

Police authority investigating \_\_\_\_\_

Name of officer(s) \_\_\_\_\_

Occupants of your car \_\_\_\_\_

Witnesses (Other than occupants in your car)  
Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

What happened \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### Resources

Allstate: <http://landing.allstate.com>

Penn Dot: <http://www.dot.state.pa.us/>

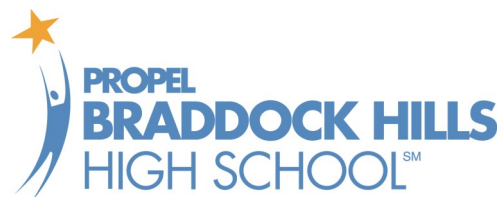
Text BHHSSAFETYTEAM to 94253 for updates

This project is sponsored by the  
Braddock Hills High School  
S.A.F.E.T.Y. TEAM  
Thanks to Songwhale for their support



Scan this  
to visit the  
website

<http://bhhssafetyteam.wikispaces.com/>



*WHAT TO  
DO IN THE  
EVENT OF  
AN  
ACCIDENT*





## What should you do when you get in an accident?

1. Stay Calm

2. Make sure you turn your vehicle is off

3. Make sure that you and every one else in your vehicle are okay before getting out

4. Contact the police. They will let you know if an officer needs to be present at the scene

5. Exchange insurance Information and contact information

6. Report the accident to your insurance company

7. Be careful what you say, be honest but do not admit to any fault



## Things to keep in your vehicle for emergencies.

- First Aid kit
- Jumper Cables
- Small Gas Can ( keep it clean and empty )
- Flashlight
- Cell Phone Charger
- Blanket
- Rags or paper towels
- Trash bags
- Camera (if you don't have one on your phone
- Flares
- Note pad and pencil
- Have your registration card and insurance card with you at all times, do not leave this information in your car

About the Other Vehicle and Driver  
Description of car

License number

Driver's license number

Name of driver

Address

Phone

Damage to other property

Name of property owner

Address

Phone

Insurance carrier

Policy number

Name of insured

Period of policy

**Who Was Injured?**

Name

Address

Phone

Nature of injury

Age Taken where

Name

Address

Phone

Nature of injury

Age Taken where